

## DEFINITIONS

**“ACT Service Coordination”** means a process of organization and coordination within the multidisciplinary team to carry out the range of treatment, rehabilitation, and support services each individual expects to receive per their written Individual Service Plan (ISP) and is respectful of the individual’s wishes. Service coordination also includes coordination with community and vocational resources, including housing resources, consumer self-help and access to advocacy organizations that promote recovery.

**"Activities of Daily Living"** means personal care activities and includes bathing, dressing, transferring, toileting, feeding, and eating.

**"Adolescent or Child"** adolescent means an individual 12-20 years of age; a child means an individual from birth up to 12 years of age.

**“Assessment”** means the face-to-face interaction in which the provider obtains information from the individual, and parent, guardian, or other family member or members, as appropriate, about the individual’s behavioral health status. It includes documented history of the severity, intensity, and duration of behavioral health problems and behavioral and emotional issues.

**"At Risk of Hospitalization"** means one or more of the following: (i) within the two weeks before the Comprehensive Needs Assessment, the individual shall be screened by an LMHP, LMHP-R, LMHP-S or LMHP-RP for escalating behaviors that have put either the individual or others at immediate risk of physical injury such that comprehensive crisis services, hospitalization or other high intensity interventions are or have been warranted; (ii) the parent/guardian is unable to manage the individual's mental, behavioral, or emotional problems in the home and is actively, within the past two to four weeks, seeking an out-of-home placement; (iii) a representative of either a juvenile justice agency, a department of social services (either the state agency or local agency), a community services board/behavioral health authority, the Department of Education, or an LMHP, as defined in [12VAC35-105-20](#), or LMHP-R, LMHP-S, or LMHP-RP and who is neither an employee of nor consultant to the intensive in-home (IIH) services or therapeutic day treatment (TDT) provider, has recommended an out-of-home placement absent an immediate change of behaviors and when unsuccessful mental health services are evident; (iv) the individual has a history of unsuccessful services (either mobile crisis response, community stabilization, outpatient psychotherapy, outpatient substance use disorder services, or mental health skill building) within the past 30 calendar days; (v) the treatment team or family assessment planning team (FAPT) recommends IIH services or TDT for an individual currently who, within the past thirty calendar days, is either: (a) transitioning out of residential treatment services, either psychiatric residential

treatment facility (PRTF) or therapeutic group home TGH), (b) transitioning out of acute psychiatric hospitalization, or (c) transitioning between foster homes, mental health case management, mobile crisis response, community stabilization, outpatient psychotherapy, or outpatient substance use disorder services.

**"At Risk of Out-of-Home Placement"** means placement in one or more of the following: (i) Therapeutic Group Home; (ii) regular foster home if the individual is currently residing with his biological family and, due to his behavior problems, is at risk of being placed in the custody of the local department of social services; (iii) treatment foster care if the individual is currently residing with his biological family or a regular foster care family and, due to the individual's behavioral problems, is at risk of removal to a higher level of care; (iv) PRTF; (v) emergency shelter for the individual only due either to his mental health or behavior or both; (vi) psychiatric hospitalization; or (vii) juvenile justice system or incarceration.

**"Behavioral Health Authority" or "BHA"** means the local agency that administers services set out in § [37.2-601](#) of the Code of Virginia.

**"Behavioral health crisis"** means at risk of onset or worsening of behavioral health symptoms (thoughts, behaviors, or emotions) in which an individual is at risk of hurting themselves or others and/or the symptoms prevent the individual from being able to care for themselves or function effectively in the community.

**"Care Coordination"** means locating and coordinating services across health providers to include sharing of information among health care providers and others who are involved with the individual's health care to improve the restorative care and align service plans.

**"Certified substance abuse counseling assistant" or "CSAC-A"** means the same as that term is defined in 12VAC30-130-5020.

**"Certified substance abuse counselor" or "CSAC"** means the same as that term is defined in 12VAC30-130-5020.

**"Certified Preadmission Screening Clinician"** means an employee of the local community services board or behavioral health authority, or its designee, who is skilled in the assessment and treatment of mental illness and has completed a certification program approved by the Department of Behavioral Health and Developmental Services.

**"Collateral Contact"** means face-to-face or telephonic exchange between the behavioral health provider of an individual and the individual's authorized representative and others engaged in the individual's wellness for the purpose of care coordination. The following is a list of typical collateral contacts: family members, teachers, principals, primary care clinicians, guidance counselors, day

care provider staff, previous therapists, attorneys or other staff from the courts, state agencies, social service agencies, outreach programs, after-school programs, community centers, and behavioral health providers at another level of care such as inpatient providers.

**“Commonwealth Coordinated Care (CCC) Plus”** CCC Plus is a mandatory integrated care initiative for certain qualifying individuals, including dual eligible individuals and individuals receiving long term services or supports (LTSS). The CCC Plus program includes individuals who receive services through Nursing Facility (NF) care, or from one of the Department’s home and community-based services (HCBS) 1915(c) waivers.

**"Community Services Board" or "CSB"** means the local agency that administers services set out in § [37.2-500](#) of the Code of Virginia.

**"Comprehensive Needs Assessment"** means the face-to-face interaction, in which the provider obtains information from the individual, and parent or other family member or members, as appropriate, about the individual’s mental health status. It includes documented history of the severity, intensity, and duration of mental health care problems and issues and shall contain all of the following elements: (i) the presenting issue/reason for referral, (ii) mental health history/hospitalizations, (iii) previous interventions by providers and timeframes and response to treatment, (iv) medical profile, (v) developmental history including history of abuse, if appropriate, (vi) educational/vocational status, (vii) current living situation and family history and relationships, (viii) legal status, (ix) drug and alcohol profile, (x) resources and strengths, (xi) mental status exam and profile, (xii) diagnosis, (xiii) professional summary and clinical formulation, (xiv) recommended care and treatment goals, and (xv) The dated signature of the LMHP, LMHP-supervisee, LMHP-resident, or LMHP-RP.

**“Counseling” or “Therapy”** means the same as defined in § 54.1-3500 of the Code of Virginia. The application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. Counseling must be provided by a LMHP, LMHP-S, LMHP-R or LMHP-RP acting within their scope of practice.

**"Credentialed addiction treatment professional" or "CATP"** means the same as defined in 12VAC30-130-5020, an individual licensed or registered with the appropriate board in the following roles: (i) an addiction-credentialed physician or physician with experience or training in addiction medicine; (ii) physician extenders with experience or training in addiction medicine; (iii) a licensed psychiatrist; (iv) a

licensed clinical psychologist; (v) a licensed clinical social worker; (vi) a licensed professional counselor; (vii) a certified psychiatric clinical nurse specialist; (viii) a licensed psychiatric nurse practitioner; (ix) a licensed marriage and family therapist; (x) a licensed substance abuse treatment practitioner; (xi) a resident who is under the supervision of a licensed professional counselor ([18VAC115-20-10](#)), licensed marriage and family therapist ([18VAC115-50-10](#)), or licensed substance abuse treatment practitioner ([18VAC115-60-10](#)) and is registered with the Virginia Board of Counseling; (xii) a resident in psychology who is under supervision of a licensed clinical psychologist and is registered with the Virginia Board of Psychology ([18VAC125-20-10](#)); or (xiii) a supervisee in social work who is under the supervision of a licensed clinical social worker and is registered with the Virginia Board of Social Work ([18VAC140-20-10](#)).

**“Crisis call center”** means the same as defined in § 37.2-311.1 of the Code of Virginia.

**“Crisis intervention”** means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and higher level of acuity.

**“CSAC supervisee”** means the same as that term is defined in 12VAC30-130-5020.

**“DBHDS”** means the Department of Behavioral Health and Developmental Services.

**“DBHDS crisis data platform engagement”** means utilization of Virginia’s Crisis Data Platform for the reporting of outcomes and basic information pertaining to a behavioral health crisis.

**“DMAS”** means the Department of Medical Assistance Services and its contractor or contractors.

**“Early and Periodic Screening, Diagnostic and Treatment (EPSDT)”** EPSDT is Medicaid’s comprehensive and preventive child health benefit for individuals under the age of 21. Federal law (42 CFR § 441.50 et seq) requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. EPSDT is geared to the early assessment of children’s health care needs through periodic screenings. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible, before the problem becomes complex and treatment more costly. Examination and treatment services are provided at no cost to the member. Any treatment service which is not otherwise covered under the State’s Plan for Medical Assistance can be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by the

Department of Medical Assistance Services (DMAS) or its agent as medically necessary.

**“FFT Professional”** means an LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-C, QMHP-E, CSAC or CSAC-supervisee who is qualified by FFT, LLC to deliver Functional Family Therapy (FFT) as part of a licensed FFT Team. FFT Professionals may not provide FFT services outside of their licensed FFT Team.

**“FFT Supervisor”** means an LMHP, LMHP-R, LMHP-RP or LMHP-S who is qualified by FFT, LLC to act as a lead on a licensed FFT team.

**"Failed Services" or "Unsuccessful Services"** means, as measured by ongoing behavioral, mental, or physical distress, that the service or services did not treat or resolve the individual's mental health or behavioral issues.

**“Health Literacy Counseling”** means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.

**“Home or Household”** means the family residence and includes a child living with natural parents, relatives, or a legal guardian, or the family residence of the child's permanent or temporary foster care or pre-adoption placement.

**"Individual"** means the Medicaid-eligible person receiving services. . Individual may also be referred to as a “member”.

**"Individual, family, or group therapy"** means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate behavioral health disorders and associated distresses that interfere with behavioral health.

**"Individual Service Plan" or "ISP"** means a comprehensive and regularly updated treatment plan specific to the individual's unique treatment needs as identified in the Comprehensive Needs Assessment. The ISP contains, but is not limited to, the individual's treatment or training needs, his goals and measurable objectives to meet the identified needs, services to be provided with the recommended frequency to accomplish the measurable goals and objectives, the estimated timetable for achieving the goals and objectives, and an individualized discharge plan that describes transition to other appropriate services. The

individual shall be included in the development of the ISP and the ISP shall be signed by the individual. If the individual is a minor child, the ISP shall also be signed by the individual's parent/legal guardian as appropriate. Documentation shall be provided if the individual, who is a minor child or an adult who lacks legal capacity, is unable or unwilling to sign the ISP.

**“Licensed assistant behavior analyst” or “LABA”** means an individual who is licensed as an Assistant Behavior Analyst by the Virginia Board of Medicine as defined in 18VAC85-150-10 et seq.

**“Licensed behavior analyst” or “LBA”** means an individual who is licensed as a Behavior Analyst by the Virginia Board of Medicine as defined in 18VAC85-150-10 et seq.

**“Licensed Mental Health Professional” or “LMHP”** means the same as defined in 12VAC35-105-20.

**“LMHP-Resident” or “LMHP-R”** means the same as “resident” as defined in (i) [18VAC115-20-10](#) for licensed professional counselors; (ii) [18VAC115-50-10](#) for licensed marriage and family therapists; or (iii) [18VAC115-60-10](#) for licensed substance abuse treatment practitioners. An LMHP-resident shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice and shall not perform the functions of the LMHP-R or be considered a “resident” until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Counseling.

**“LMHP-Resident in Psychology” or “LMHP-RP”** means the same as an individual in a residency, as that term is defined in [18VAC125-20-10](#), program for clinical psychologists. An LMHP-resident in psychology shall be in continuous compliance with the regulatory requirements for supervised experience as found in [18VAC125-20-65](#) and shall not perform the functions of the LMHP-RP or be considered a “resident” until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Psychology.

**“LMHP-Supervisee in Social Work,” “LMHP-supervisee,” or “LMHP-S”** means the same as “supervisee” as defined in [18VAC140-20-10](#) for licensed clinical social workers. An LMHP-supervisee in social work shall be in continuous compliance with the regulatory requirements for supervised practice as found in [18VAC140-20-50](#) and shall not perform the functions of the LMHP-S or be considered a “supervisee” until the supervision for specific clinical duties at a specific site is preapproved in writing by the Virginia Board of Social Work.

**“MST Professional”** MST Professional” means an LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-C, QMHP-E, CSAC or CSAC-supervisee who is qualified by MST Services to deliver Multisystemic Therapy (MST) as part of a licensed MST team.

MST Professionals may not provide MST services outside of their licensed MST Team.

**“MST Supervisor”** means a LMHP, LMHP-R, LMHP-RP or LMHP-S who is qualified by MST Services to act as a lead on a licensed MST team.

**"Marketing Materials"** means any material created to promote services through any media including, but not limited to, written materials, television, radio, websites, and social media.

**“Peer Recovery Support Services”** means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual.

**"Progress Notes"** means individual-specific documentation that contains the unique differences particular to the individual's circumstances, treatment, and progress that is also signed and contemporaneously dated by the provider's professional staff who have prepared the notes. Individualized and member-specific progress notes are part of the minimum documentation requirements and shall convey the individual's status, staff interventions, and, as appropriate, the individual's progress, or lack of progress, toward goals and objectives in the ISP. The progress notes shall also include, at a minimum, the name of the service rendered, the date of the service rendered, the signature and credentials of the person who rendered the service, the setting in which the service was rendered, and the amount of time or units/hours spent in the delivery of service. The content of each progress note shall corroborate the time/units billed. Progress notes shall be documented for each service that is billed.

**"Provider"** means an individual or organizational entity that is appropriately licensed as required by the Department of Behavioral Health and Developmental Services and/or the Department of Health Professions and credentialed with the FFS contractor and/or MCO as a Medicaid provider of community mental health and rehabilitation services.

**“Psychiatric Evaluation”** means an assessment, based on present problems and symptoms, of an individual's biological, mental, and social functioning, for the purposes of diagnosis and treatment including an assessment of the need for prescription medication and ongoing care.

**"Psychiatric residential treatment facility (PRTF),"** means the same as defined in 42 CFR 483.352, and is a 24-hour, supervised, clinically and medically-necessary, out-of-home active treatment program designed to provide necessary



support and address mental health, behavioral, substance abuse, cognitive, and training needs of a youth in order to prevent or minimize the need for more intensive inpatient treatment.

**“Psychoeducation”** means (i) a specific form of education aimed at helping individuals who have mental illness and their family members or caregivers to access clear and concise information about mental illness and (ii) a way of accessing and learning strategies to deal with mental illness and its effects in order to design effective treatment plans and strategies.

**“Registered Peer Recovery Specialist (PRS)”** means the same as the term is defined in § 54.1-2400.1 of the Code of Virginia.

**“Qualified Mental Health Case Manager”** means the same as defined in 12VAC30-50-420 and 12VAC30-50-430 and as described in Chapter II of this manual.

**“Qualified Mental Health Professional-Adult” or “QMHP-A”** the same as the term is defined in § 54.1-3500 of the Code of Virginia.

**“Qualified Mental Health Professional-Child” or “QMHP-C”** means the same as the term is defined in § 54.1-3500 of the Code of Virginia. A QMHP-C may only provide services to individuals under the age of 22.

**“Qualified Mental Health Professional-Eligible” or “QMHP-E”** means the same as the term is defined in § 54.1-3500 of the Code of Virginia.

**“Qualified Paraprofessional in Mental Health” or “QPPMH”** means the same as the term is defined in 12VAC35-105-20.

**“Register” or “Registration”** means notifying the FFS contractor or MCO that an individual will be receiving services that do not require service authorization.

**“Responsible Adult”** shall be an adult who lives in the same household with the child receiving IIH services and is responsible for engaging in counseling and service-related activities to benefit the individual.

**“Service Authorization”** means the process to approve specific services for an enrolled Medicaid, FAMIS Plus, or FAMIS individual by the FFS contractor or MCO prior to service delivery and reimbursement in order to validate that the service requested is medically necessary and meets DMAS and DMAS contractor criteria for reimbursement. Service authorization does not guarantee payment for the service.



**“Session”** means one day of service consisting of the required service components (i.e. clinical interventions and restorative group interventions).

**“Skills Restoration”** means facilitating improved communication, problem solving, coping skills, and stress management through modeling, coaching and cueing to increase the individual's continued adjustment to and management of mental illness.

**“Therapeutic group home (TGH)”** means a congregate residential service providing 24-hour supervision in a community-based home having eight or fewer residents. TGH providers must meet all requirements in DBHDS Regulations for Children’s Residential Facilities (12VAC 35-46).

**“Therapeutic Interventions”** means evidence based, individualized or family focused interventions designed to decrease symptoms of the mental health diagnosis, reduce maladaptive behaviors and increase pro-social behaviors at home and across the multiple interconnected systems (includes family, extended family, peers, neighbors, and other community members relative to the youth). All family interventions are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the ISP. Therapeutic Interventions are also referred to as “contacts” by MST Services, Inc.

**“Treatment Planning”** means the development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.

**“Week”** is defined as Sunday through Saturday

**“Youth”** means an individual under 21 years of age.